

## STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE GOVERNOR

ANDY WILLIS
STATE BUDGET DIRECTOR

September 9, 2011

## **MEMORANDUM**

TO:

Senator Phil Berger, President Pro-Tempore of the Senate

Representative Thom Tillis, Speaker of the House of Representatives

FROM:

Andy Willis

State Budget Director

SUBJECT:

Consultation on Expenditure of Grant Awards

Pursuant to Section 5.4 of Session Law 2010-31 (Senate Bill 897), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to andy.willis@osbm.nc.gov.

Thank you.

AW\k1

## Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. 28 Amount of grants funds applied for in each year 31 Comments 27 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant? 24 Will additional state monies be required to continue the 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 13 Is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX)... 12 Application type. 9 Grant application deadline (MM/DD 10 Start date of grant (MM/DD/YY) ...11 End date of grant (MM/DD/YY) ... 19 20 3 8 7 ယ 2 Division (except in DHHS). Is there a maintenance of effort (MOE) requirement? program if grant expires or is reduced? the state match requirement? Grant application deadline (MM/DD/YY) Grant title CFDA number... Contact person (name) Department ments or non-state entities? If yes, give the number by type for each year: Permanent If yes, is this a requirement of the grant? ... If yes, identify affected entities by type ... If yes, what is the source of state funds being used If yes, what is the MOE? If yes, what is the matching requirement? ..... Phone number .... DHHS only, choose division from drop down list. End date of grant (MM/DD/YY) OSBN to match grant funds. Notification of Application for Grant Funds/Awards, 2011-12 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Time-Limited This project will fund a new long term (6 to 12 months) treatment program for adult male offenders in minimum custody at Dan River Prison Work Farm. This will be a therapuetic program that serves offenders throughout the state and is located in Yanceyville, NC. The total federal award is \$597, 751.00 with a state match requirement of 25% (\$199,250.00). The total project costs will be \$797,001.00. There will be seven time-limited positions funded with this award. Yes Yes Ö Š \$199,250.00 Division of Alcoholism and Chemical Dependency Programs 14500 2011 RSAT Dan River PWF roshanna.parker@doc.nc.gov NC Governor's Crime Commission Instructions at http://www.osbm.state\_nc.us/files/pdf\_files/grants\_instr.pdf General Fund 06/30/13 919-716-3089 39/01/11 Roshanna S. Parker Department of Correction 7/01/11 SFY 2010-11 Actual SFY 2011-12 Complete either Authorized or Proposed Authorized \$597,751.00 0.000 7.000 For 2011-12 SFY 2011-12 Proposed SFY 2012-13 Proposed SFY 2013-14 Proposed SFY 2014-15 Proposed

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